

# CONTINUED PROSECUTION APPLICATION

## (CPA) REQUEST TRANSMITTAL

(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

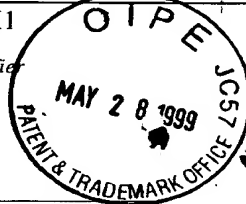
Attorney Docket

No.

First Named Inventor or Application Identifier

Derk J. Bergsma

ATG50037-2X1



### "EXPRESS MAIL CERTIFICATE"

"EXPRESS MAIL" MAILING LABEL NUMBER EL229501701US

DATE OF DEPOSIT May 28, 1999

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to The Assistant Commissioner for Patents, Box CPA, Washington, D.C. 20231.

NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT)

Kristy Simao

SIGNATURE

Derk J. Bergsma

#19 6/18/99  
T. Gray

### APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents and chapter 1500 concerning design patent application contents.

<p>1. <input checked="" type="checkbox"/> This is a request for a <input checked="" type="checkbox"/> continuation or <input type="checkbox"/> divisional application under 37 CFR 1.53(d), (continued prosecution application (CPA)) of prior application number <u>08/938,548</u>, filed on <u>September 26, 1997</u>, entitled <u>Novel Ligands of the Neuropeptide Receptor HFGAN72</u>.</p> <p>a. <input checked="" type="checkbox"/> AMEND the Attorney Docket No. to: <u>ATG50037-2X1</u></p> <p>Examiner: <u>P. Duffy</u></p> <p>Art Group: <u>1645</u></p>	<p>5. <input type="checkbox"/> This application is filed by fewer than all the inventors named in the prior application 37 CFR 1.53(d)(4)</p> <p>a. <input type="checkbox"/> DELETE the following inventor(s) named in the prior nonprovisional application:</p> <p>b. <input type="checkbox"/> The inventor(s) to be deleted are set forth on a separate sheet attached hereto.</p>										
<p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <u>19-2570</u></p> <p><input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))</p> <p>(Submit an original, and a duplicate for fee processing)</p>	<p>7. <input type="checkbox"/> EXTENSION OF TIME PETITION</p> <p>Applicants hereby petition for an extension of time for response from the date of the Examiner's action as needed to file the instant CPA Application, the fee being as follows:</p> <table border="0"> <tr> <td><input type="checkbox"/> one month extension</td> <td>\$ 110</td> </tr> <tr> <td><input type="checkbox"/> two months extension</td> <td>\$ 380</td> </tr> <tr> <td><input type="checkbox"/> three months extension</td> <td>\$ 870</td> </tr> </table>	<input type="checkbox"/> one month extension	\$ 110	<input type="checkbox"/> two months extension	\$ 380	<input type="checkbox"/> three months extension	\$ 870				
<input type="checkbox"/> one month extension	\$ 110										
<input type="checkbox"/> two months extension	\$ 380										
<input type="checkbox"/> three months extension	\$ 870										
<p>3. <input checked="" type="checkbox"/> The filing fee is calculated as shown below:</p> <table border="0"> <tr> <td>Basic Filing fee</td> <td>\$760.00</td> </tr> <tr> <td>Total Claims 3 - 20 = 0 x \$18</td> <td>\$ 0.00</td> </tr> <tr> <td>Independent Claims 3 - 3 = 0 x \$78</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Multiple Dependent Claim present. \$260</td> <td>\$ 0.00</td> </tr> <tr> <td>Total Filing Fee</td> <td>\$760.00</td> </tr> </table> <p><input type="checkbox"/> Cancel in this application original claims <u>  </u> to <u>  </u> of the prior application before calculating the filing fee.</p> <p>Charge the filing fee <u>\$760.00</u></p> <p>and the extension of time fee <u>\$000.00</u></p> <p>from box 7 (if necessary)</p> <p>TOTAL <u>\$760.00</u></p> <p>Charge <u>\$760.00</u> to the above indicated Deposit Account.</p>	Basic Filing fee	\$760.00	Total Claims 3 - 20 = 0 x \$18	\$ 0.00	Independent Claims 3 - 3 = 0 x \$78	\$ 0.00	<input type="checkbox"/> Multiple Dependent Claim present. \$260	\$ 0.00	Total Filing Fee	\$760.00	<p>8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) and PTO-1449 <u>4</u> 1999</p> <p><input checked="" type="checkbox"/> Copy of all IDS Citations</p> <p>TECH CENTER 1600/2900</p>
Basic Filing fee	\$760.00										
Total Claims 3 - 20 = 0 x \$18	\$ 0.00										
Independent Claims 3 - 3 = 0 x \$78	\$ 0.00										
<input type="checkbox"/> Multiple Dependent Claim present. \$260	\$ 0.00										
Total Filing Fee	\$760.00										
<p>4. <input type="checkbox"/> Enter the unentered amendment previously filed on: <u>  </u> under 37 CFR 1.116 in the prior non-provisional application.</p>	<p>9. <input type="checkbox"/> Preliminary Amendment [Total Pages] <u>  </u></p> <p>10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>11. <input type="checkbox"/> Other: <u>  </u></p>										

### 12. CORRESPONDENCE ADDRESS

Address

SMITHKLINE BEECHAM CORPORATION  
Corporate Intellectual Property - UW2220  
P.O. Box 1539  
King of Prussia, PA 19406-0939

Telephone

(610) 270-5009

Fax

(610) 270-5090

### 13 RESPECTFULLY SUBMITTED,

Signature

Name

Elizabeth J. Hecht

Registration No.

41,824

Document2

06/03/1999 DUVONG 00000003 192570 08938548

01 FC:131

760.00 CH